

2000

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. 735	
1. PLACE OF DEATH		COUNTY <u>Pinal</u> STATE <u>ARIZONA</u>	
TOWNSHIP <u>Florence</u> OR VILLAGE <u>Pinal Co. Hospital</u>		REGISTERED NO. <u>61</u>	
CITY <u>Florence</u> (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		ST. <u>10</u> WARD <u>10</u>	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. <u>16</u> MOS. <u>16</u> DS. <u>16</u>		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. <u>16</u> MOS. <u>16</u> DS. <u>16</u>	
2. FULL NAME <u>Miss Anna Gray Newell</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>21</u> MOS. <u>21</u> DS. <u>21</u>	
(A) RESIDENCE: NO. <u>1820 Sanicave</u> ST. <u>1820</u> WARD <u>Berkely, California</u>		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James P. Newell</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1881</u>			
7. AGE	YEARS <u>55</u>	MONTHS <u>10</u>	DAYS <u>26</u>
IF LESS THAN 1 DAY, HRS. OR MIN.			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	<u>Teacher</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>26 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Joplin</u> (STATE OR COUNTY) <u>Missouri</u>			
13. NAME <u>James P. Newell</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>Penn.</u> (STATE OR COUNTY)			
15. MAIDEN NAME <u>Anna Gray</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>No Record</u> (STATE OR COUNTY)			
17. INFORMANT (NAME AND ADDRESS) <u>Mrs. P. W. Chappell</u>			
18. BIRTHPLACE (CITY OR TOWN) <u>Washington D.C.</u> (STATE OR COUNTY)			
19. EMBALMER (NAME AND ADDRESS) <u>Walter H. Cole</u>			
20. FUNERAL DIRECTOR (NAME AND ADDRESS) <u>Walter H. Cole</u>			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1937</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan. 1937</u> TO <u>Jan. 4, 1937</u>			
I LAST SAW HIM ALIVE ON <u>1-4-37</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:30 A. M.</u>			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Influenza Pneumonia</u>			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Influenza Meningitis</u>			
NAME OF OPERATION <u>Spinal Tap</u> DATE OF <u>Jan. 4, 1937</u>			
WHAT TEST CONFIRMED DIAGNOSIS? <u>yes</u> WAS THERE AN AUTOPSY? <u>no</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19__			
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
MANNER OF INJURY			
NATURE OF INJURY			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
IF SO, SPECIFY (SIGNED) <u>W. B. Stewart</u> M. D.			
(ADDRESS) <u>Florence, Ariz.</u>			
20. FILED <u>1-4-37</u> <u>W. B. Stewart</u> REGISTRAR			